ATTACHMENT

WASHINGTON METROPOLITAN AREA

SHUTTLE VEHICLE SERVICE SURVEY

For the purpose of this survey, shuttle vehicle service is any regularly scheduled transportation provided between two or more buildings or locations.

					1	
l.	Dep	artm	ment or agency:		' t	
2.	Doe Was	Does your agency provide shuttle vehicle services within the Washington Metropolitan area?				
		YES	. Please complet	e t	he remaining questions.	
		NO.	Omit remaining	ques	tions, sign and return.	
3.		CHE	the following onl answers are the s litan area.	y on ame	ce for each department or agency for all routes in the Washington	
	a.	Wha ope	t is required for rated by your dep	per artm	sonnel to board shuttle vehicles ent or agency?	
			ID card			
			Token			
			Shuttle pass			
			Sign Manifest			
			Other (specify)			
	b.	Snu	personnel from of ttle vehicles oper er existing polic	cate	Federal agencies allowed to board d by your department or agency	
			YES		NO	
	c.	Are	shuttle schedules	s pul	blished?	
			YES		NO	
		Wher	re?			

Approved For Release 200/09/14 : CIA-RDP85-00988R000100110012-7

		'				
4.	Attach a schedule for each shuttle vehicle route operated by your department or agency. Indicate the number of					
	schedules attached:					
	Pro	vide the following information as an attachment thereto: .				
	a.	A map indicating the route, if available.				
	b.	Miles one way from origin to destination, in case of loop route, from origin back to origin.				
	c.	The type and seating capacity of the vehicle(s) used on the route.				
	đ.	The ownership of the vehicle(s).				
	е.	Whether the route is used for passenger, mail or freight service.				
	f.	Average number of passengers boarding the vehicles on each route per day.				
	g.	Estimated cost to provide this shuttle service on a yearly basis (Cost estimates should include ownership or lease cost of vehicle; fuel and lubricants; maintenance costs; personnel costs).				
	h.	Reason each route was established.				
5.	Attach the policies which cover the shuttle vehicle service.					
6.	Per	son to contact if additional information is required:				
	mal.	Telephone:				
	Telephone:					